



State of Washington  
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER  
☒ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name:	Phone No:	Other No:
HARVEY & JANE COLLINS	(425) 328-0174	
Address:		
P.O. Box 7503		
City:	State:	Zip:
COVINGTON	WA	98042
Email Address (optional):		

Contact Name (if different from above):	Phone No:	Other No:
STEVEN P. MORTARE	(360) 289-0954	
Relationship to Applicant:		
CONSULTING CIVIL ENGINEER FOR APPLICANT		
Address:		
1018 EAST WISHKAH ST.		
City:	State:	Zip:
ABERDEEN	WA	98520
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: PROVIDE WATER FOR AN EXISTING 20 UNIT MOTEL WITH AN EXISTING WATER RIGHT CLAIM AND FOR AN ADDL 20 UNIT CONDOS.  
Anticipated length of time to complete your project: 1 YEAR

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
EXISTING 20 UNIT MOTEL		210 GPM	21	CONTINUOUSLY
ADDITIONAL 20 UNIT CONDOS		210 GPM	21	CONTINUOUSLY
TOTAL:		420 GPM	42	

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

For Ecology Use	APPLICATION NO: <u>G 2-30457</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: <u>1/18/08</u>	By: <u>SL</u>	Priority Date: <u>1/18/08</u> By: <u>SL</u> WRIA: <u>21</u>



### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: \_\_\_\_\_

Source Name: \_\_\_\_\_

Tributary to: \_\_\_\_\_

Number of proposed diversion points: \_\_\_\_\_

Do you have an existing diversion? ☐ YES ☐ NO

#### B.) If Ground Water Source

☒ Well(s) ☐ Other: \_\_\_\_\_

Well diameter & depth: 16" DIA, 62.3 FT  
26" DIA, 57.8 FT

Number of proposed points of withdrawal: \_\_\_\_\_

Do you have an existing well? ☒ YES ☐ NO

If available, attach Water Well Report and pump test.

Well Tag ID No. N/A

#### C.) Point of Diversion/Withdrawal - Legal Description

Parcel No.	1/4	1/4	Section	Township	Range	County
	SE	NE	28	19N	12W	GRAYS HARBOR
Lot(s)	Block(s)		Subdivision			
BOU'7 3						

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
from the (☐ NW ☐ SW ☐ NE ☐ SE ☐ ) corner of Section \_\_\_\_\_.

Parcel No.	1/4	1/4	Section	Township	Range	County
	SE	NE	28	19N	12W	GRAYS HARBOR
Lot(s)	Block(s)		Subdivision			
BOU'7 3						

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

2376 feet (☐ North/☒ South) and 528 feet (☐ East/☒ West)  
from the (☐ NW ☐ SW ☒ NE ☐ SE ☐ ) corner of Section 28

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: N/A

### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
SE	NE	28	19N	12W	GRAYS HARBOR	

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: 131537

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

(NOT APPLICABLE)

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: TAKE EXIT 104 OFF OF I-5  
GO THROUGH ABERDEEN AND HOQUIAM, FOLLOW OCEAN  
SHORES ON SR 109, STAY ON SR 109, TAKE LEFT  
APPROXIMATELY 6 MILES PAST OCEAN SHORES  
ACROSS THE STREET FROM THE SHERIFF'S OFFICE

Site Address: AND MEDICAL FACILITY  
SITE ADDR: 3009 SR 109, COPALIS  
BEACH, WA



### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Currently a 1 hp water pump (will verify) draws water from the North well and fills a 1000 gallon pressure tank that then provides water to the existing 20 motel units. A similar system is planned for the proposed additional 20 Condominium units on the west (ocean) side of Beachwood Resorts

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: 40 (SEASONAL)
Type of connections: (e.g., home, recreational cabin)	Estimate future population to be served: 80 (SEASONAL) (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: HARVEY AND JANE COLLINS	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	
_____	

### Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

#### Irrigation

(NOT APPLICABLE)

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

#### Stockwater

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

#### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

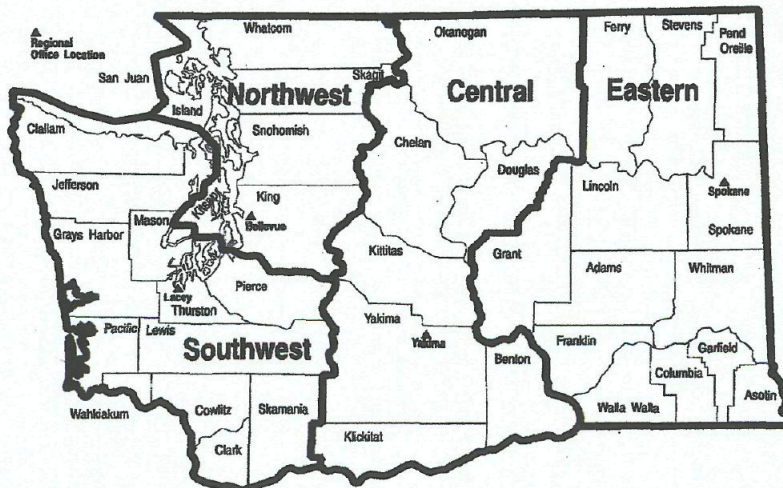
<u>STEVEN P. MOTA, P.E.</u>	<u><i>Steven P. Mota</i></u>	<u>1/11/08</u>
Print Name	Signature	Date
(Applicant or authorized representative)		
<u>Harvey Gollins</u>	<u><i>Harvey Gollins</i></u>	<u>1/7/08</u>
Print Name	Signature	Date
(Landowner of Place of Use)		
<u>Jane Gollins</u>	<u><i>Jane Gollins</i></u>	<u>1/7/08</u>
Print Name	Signature	Date
(Landowner of Place of Use)		

_____	_____	_____
Print Name	Signature	Date
(Landowner of Place of Use)		

Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 5128  
LACEY WA 98509-5128

Please check the region in which your proposed project is located.  
☒ Southwest ☐ Northwest ☐ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341